

SECTION 401 WATER QUALITY CERTIFICATION APPLICATION FORM

1. APPLICANT INFORMATION

2. AGENT INFORMATION*

| | |
|---------------|---------------|
| Applicant: | Agent* |
| Contact Name: | Contact Name: |
| Address: | Address: |
| | |
| Phone No: | Phone No: |
| Fax No: | Fax No: |

*Complete only if applicable

3. PROJECT DESCRIPTION

| |
|--|
| a) Project Title: |
| b) Project Location: Street location _____ County: _____ Section: _____ Township: _____ Range: _____ Latitude: _____ Longitude: _____ <small>*Attach site map with “waters” clearly indicated (e.g. USGS 7 ½ quadrangle map)</small> |
| c) Project Description: (<i>include purpose and final goal</i>): |
| d) Proposed Schedule: (<i>start-up, duration, and completion dates</i>): |
| e) Total Project size: (<i>clearing, grading, other construction activities</i>) _____ acres _____ linear feet (<i>if appropriate</i>) |

4. IMPACTED WATER BODIES

a) Name(s) of Receiving Water Body(ies):

b) Anticipated potential stream flow during project activity:

c) Describe potential impacts to water quality:

d) Indicate in ACRES and LINEAR FEET (*where appropriate*) the proposed **waters of the United States** to be impacted by any discharge other than dredging, and identify the impacts(s) as permanent and/or temporary for each water body type listed below:

| Water Body Type | Permanent Impacts | | Temporary Impacts | |
|------------------------|-------------------|---------------|-------------------|---------------|
| | (acres) | (linear feet) | (acres) | (linear feet) |
| Jurisdictional Wetland | | | | |
| Riparian | | | | |
| Streambed unvegetated | | | | |
| Lake/Reservoir | | | | |

c) Indicate the volume of the dredged material (cubic yards) to be discharged to waters of the United States:

d) Indicate type(s) of material proposed to be discharged to waters of the United States:

5. COMPENSATORY MITIGATION

a) Indicate in ACRES and LINEAR FEET (*where appropriate*) the total quantity of **waters of the United States** proposed to be Created, Restored and/or Enhanced for purposes of providing Compensatory Mitigation:

| Water Body Type | Created | | Restored | | Enhanced | |
|------------------------|---------|-------------|----------|-------------|----------|-------------|
| | (acres) | (linear ft) | (acres) | (linear ft) | (acres) | (linear ft) |
| Jurisdictional Wetland | | | | | | |
| Riparian | | | | | | |
| Streambed | | | | | | |
| Lake/Reservoir | | | | | | |

b) If contributing to a Mitigation or Conservation Bank, indicate the agency, dollar amount, acreage, and water body type (*if applicable*):
 Conservation Agency _____
 \$ _____ for _____ acres of _____ (*water body type*)
 How many acres of this mitigation area qualify as waters of the United States? _____

c) Other Mitigation (*omit if not applicable*):

 How many acres of this mitigation area qualify as waters of the United States? _____

d) Location of Compensatory Mitigation Site(s) (*attach map of suitable quality and detail*):

City of Area _____ County _____

Longitude/Latitude _____ Township/Range _____

6. OTHER ACTIONS/BEST MANAGEMENT PRACTICES (BMPs)

Briefly describe other actions/BMPs to be implemented to Avoid and/or Minimize impacts to waters of the United States, including preservations of habitats, erosion control measures, project scheduling, flow diversions, etc.

7. OTHER PERMITS/AGREEMENTS/ETC

a) U.S. Army Corps of Engineers Permit

Indicate the type of ACOE permit (*check one*)

Nationwide Permit No(s) _____ Individual Permit No(s): _____ Regional Permit No(s): _____

Have you notified ACOE of project? _____

Have you reviewed the General Conditions for your ACOE permit? _____

Have you attached a copy of the application/notification to ACOE? _____

b) California Department of Fish and Game Lake or Streambed Alteration Agreement

Date of Application: _____

Have you attached a copy of the application?

Has the Agreement been issued? _____ if so, list Agreement number: _____

8. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

a) Indicate the type of CEQA Document required for project and Lead Agency:

Categorical Exemption ____ Negative Declaration ____ Environmental Impact Report ____

Has the document been certified/approved, or has a Notice of Exemption been filed? _____

If yes date of approval/filing _____ If no, expected approval/filing date: _____

Lead Agency _____

Submit final or draft copy if available*

b) Threatened or Endangered Species impacted by this project (*list potential*):

9. PAST/FUTURE PROPOSALS BY THE APPLICANT

Briefly list/describe any projects carried out in the last 5 years or planned for implementation in the next 5 years that are in any way related to the proposed activity or may impact the same receiving body of water. Include the estimated adverse impacts from the past or future projects.

10. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____

Title: _____

Signature: _____

Date: _____